

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Brass Tactics Solutions</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 28 / 2016
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount 1725.00
City Washington	State DC	Zip Code 20036-4010
Purpose of Expenditure Estimated Cost for Paid Canvassing Services 3/28-3/31	Category/Type 001	Transaction ID : VQZT2A73EJ7 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRIS VAN HOLLEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	16444.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Julie Brown</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 28 / 2016
Mailing Address 3131 Connecticut Ave NW		Amount 400.00
City Washington	State DC	Zip Code 20008-5000
Purpose of Expenditure Estimated Cost for Canvassing Services 3/28-3/31	Category/Type 001	Transaction ID : VQZT2A73EM2 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRIS VAN HOLLEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	16444.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

[Electronically Filed]

Date

MM / DD / YYYY  
03 / 30 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Budget Rent-A-Car</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 28 / 2016</b>	
Mailing Address 101 W Fayette St		Amount <b>1319.94</b>	
City Baltimore	State MD	Zip Code 21201-3757	Transaction ID : VQZT2A73EK4
Purpose of Expenditure Van Rental for Canvassing 3/28-4/26		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Devin DeFord</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 28 / 2016</b>	
Mailing Address 520 Berrycrest Way		Amount <b>300.00</b>	
City Aberdeen	State MD	Zip Code 21001-2656	Transaction ID : VQZT2A73EQ6
Purpose of Expenditure Estimated Cost for Canvassing Services 3/28-3/31		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee <b>TJ Dekemper</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 28 / 2016
Mailing Address 9 Lilac Ct		Amount 2000.00
City Merrimack	State NH	Zip Code 03054-2829
Purpose of Expenditure Canvassing Consulting Services for 3/28-3/31	Category/ Type 001	Transaction ID : VQZT2A73EH9 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRIS VAN HOLLEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 16444.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>DLE Solutions</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 28 / 2016
Mailing Address 425 L St NW Apt 1110		Amount 3000.00
City Washington	State DC	Zip Code 20001-2867
Purpose of Expenditure Canvassing Consulting Services for 3/28-3/31	Category/ Type 001	Transaction ID : VQZT2A73E62 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRIS VAN HOLLEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 16444.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mitch Henderson</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 28 / 2016</b>	
Mailing Address <b>311 Cathedral St</b>		Amount <b>5000.00</b>	
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21201-4422</b>	Transaction ID : <b>VQZT2A73EG1</b>
Purpose of Expenditure <b>Canvassing Consulting Services for 3/28-3/31</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>CHRIS VAN HOLLEN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<b>16444.94</b>	

Full Name of Payee <b>Arianna Kendall</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 28 / 2016</b>	
Mailing Address <b>1325 18th St NW</b>		Amount <b>300.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-6500</b>	Transaction ID : <b>VQZT2A73EP8</b>
Purpose of Expenditure <b>Estimated Cost for Canvassing Services 3/28-3/31</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>CHRIS VAN HOLLEN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<b>16444.94</b>	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jaewoo Park</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 28 / 2016</b>	
Mailing Address 310 11th St NE		Amount <b>400.00</b>	
City Washington	State DC	Zip Code 20002-6220	Transaction ID : <b>VQZT2A73EN0</b>
Purpose of Expenditure Estimated Cost for Canvassing Services 3/28-3/31		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		<b>16444.94</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Elsie Raymer</b> X *		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 28 / 2016</b>	
Mailing Address 226 Merrimack St Apt 4W		Amount <b>2000.00</b>	
City Manchester	State NH	Zip Code 03103-5279	Transaction ID : <b>VQZT2A73E70</b>
Purpose of Expenditure Canvassing Consulting Services for 3/28-3/31		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		<b>16444.94</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>2125.00</b>

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